

Medical Marijuana Registry

4300 Cherry Creek Drive South, Denver, CO 80246-1530 • 303-692-2184 **E-mail:** medical.marijuana@state.co.us • **Website:** www.cdphe.state.co.us/hs/medicalmarijuana



Voluntary Caregiver Registration

The Voluntary Caregivers Registry provides patients with contact information for primary caregivers in their area. By law, a primary caregiver is a person other than the patient and the patient's physician, who is **18 years of age or older** and has **significant responsibility** for managing the well-being of a patient with a debilitating medical condition. By completing this form, you are allowing the Registry to release your contact information to physicians and prospective patients. All other information in your records remains confidential. Information is released in accordance with Colorado Board of Health rules.

Instructions:

- 1. Complete all required sections of the form neatly and accurately.
- 2. There are no fees to file this form.
- 3. **Do not write-over, cross-out, or use white-out on this form, or it will be voided**. If you make a mistake on the form, please complete a new one.
- 4. Make a copy of this form for your files.
- 5. Submit paperwork with a copy of your current photo ID.
- 6. Submit paperwork by mail or deliver to the Registry's drop-box within 10 days of your signature. The Registry does not accept forms by fax or e-mail.

Mail to:

Customer Service Unit CDPHE HSV-8608 4300 Cherry Creek Drive South Denver, CO 80246-1530

Drop-Box:

Colorado Dept. of Public Health & Environment 710 S. Ash Street, South East Entrance Open: Monday-Friday, 7:00 a.m. to 6:00 p.m.

The drop box is on the wall inside the first set of glass doors. Your paperwork must be in a sealed envelope. You will not receive a receipt. If you wish to have a receipt, please mail in your paperwork by certified mail.

Cares	iver Information		- ,			
JILI	•	ID is required.	The name on th	e form must match t	the legal name on the ID.	
	1. Caregiver's Last Name (as on ID)		2. Caregiver's First Name (as on ID)		3. Middle Initial	
4. Careg	Caregiver's Mailing Address			4a.		
5. City		6. State	7. Zip Code	8. Date of Birth	9. Telephone Number	
tions:	il Address (optional)*					
* By prov	viding your e-mail address.	, you agree to re	eceive communic	eation from the Registr	ry by e-mail.	
11. Care	I hereby certify giver's Signature:	that all info	mation provid	led is correct and o	complete. Date Signed: (mm/dd/yyyy)	
	5					
The sign	ature and proof of ident	ity of the abov	e individual wa	as subscribed and sv	vorn to before me by	
			in		County, Colorado	
(Nam	(Name of caregiver printed by notary)			(County name)		
on this _	(Day) day of (Month)	, 20_	·			
(Notary's	official signature)					
(Commiss	ion expiration date)			AFFIX NOTARY SE	AL	